

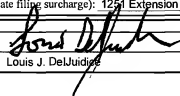
<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		Complete if Known	
		Application Number	10/555,039-Conf. #2316
		Filing Date	September 12, 2006
		First Named Inventor	Jun Akai
		Examiner Name	E. B. Bernhardt
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1624
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	03702/0203547-US0

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
							Small Entity Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
							185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
5	- 20 =	x	=			
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 4 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =	/ 50 =	(round up to a whole number) x	=		
4. OTHER FEE(S)					
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): 125 Extension for response within first month					
					120.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,522
Name (Print/Type)	Louis J. DeJure	Telephone	(212) 527-7700
		Date	September 25, 2008

AMENDMENT TRANSMITTAL LETTER			Docket No. 03702/0203547-US0	
Application No. 10/555,039-Conf. #2316	Filing Date September 12, 2006	Examiner E. B. Bernhardt	Art Unit 1624	

Applicant(s): Jun Akai et al.

Invention: CRYSTALS OF QUINOLINECARBOXYLIC ACID DERIVATIVE SOLVATE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	5	- 20 =		x
Independent Claims	4	- 4 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				120.00

☒ Large Entity
 ☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 04-0100 in the amount of \$ 120.00.
 A duplicate copy of this sheet is enclosed.

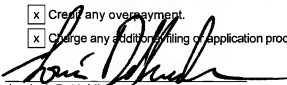
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.



Louis J. DeJuidice
 Attorney/Agent Reg. No.: 47,522

DARBY & DARBY P.C.
 P.O. Box 770
 Church Street Station
 New York, New York 10008-0770
 (212) 527-7700

Dated: September 25, 2008